2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P99000106628

Entity Name: WELLNESS DEVELOPMENT CORP.

Current Principal Place of Business:

2205 GREENHORN DR
SUN CITY CENTER, FL 33573

New Principal Place of Business:

2205 GREENHAVENDR
SUN CITY CENTER, FL 33573

Current Mailing Address:

2205 GREENHORN DR
SUN CITY CENTER, FL 33573

New Mailing Address:

2205 GREENHAVENDR
SUN CITY CENTER, FL 33573

FEI Number: 59-3227282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILLSON, DONALD D
2205 GREENHAVEN DR
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: STILLSON, DONALD D
Address: 2205 GREENHAVEN DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P ( ) Delete
Name: BARMORE, PATRICK
Address: 6650 CENTTRAL AVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete
Name: BENDER, DAVID
Address: 3961 12TH ST N.E.
City-St-Zip: SAINT PETERSBURG, FL 337035219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BARMORE, PATRICK
Address: 6527 CENTTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON D. STILLSON S 04/28/2009

Electronic Signature of Signing Officer or Director — Date